

CLAIMS ONLY						Application Number <b>10/680,150</b>		Filing Date		
<b>9-14-05</b>						Applicant(s)				
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	
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Total Indep			<b>3</b>							
Total Depend			<b>19</b>							
Total Claims			<b>22</b>							